

Case Number:	CM15-0097473		
Date Assigned:	05/28/2015	Date of Injury:	12/17/2009
Decision Date:	06/26/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	05/20/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 61 year old male who sustained a work related injury December 17, 2009. While working as a technician, he was involved with restraining a patient and was struck with a fist and a metal object on the left eyebrow. He suffered a small laceration, left upper eyelid, and the region of the temple. He was not knocked to the ground nor did he lose consciousness. He later developed pain in the neck and back, and in 2011, pain in the right knee. According to a primary treating physician's progress report, dated April 27, 2015, the injured worker presented with complaints of worsening low back pain radiating to the left lower extremity and increased neck pain radiating to the left upper extremity. He lost his electrical muscle stimulation unit while in the [REDACTED]. He also reports increased depression and anxiety. Physical examination of the lumbar spine reveals tenderness to palpation with muscle spasm over the lumbar paravertebral musculature. Straight leg raising test is positive on the left with radiating symptoms to the calf. Diagnoses are cervical/trapezial musculoligamentous sprain/strain with mild to moderate degenerative disc disease; spondylosis C4-C7 with increased symptoms. Treatment plan included MRI of the cervical and lumbar spine and medication. At issue, is the request for authorization for a TENS (transcutaneous electrical nerve stimulation) unit.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

TENS (transcutaneous electrical nerve stimulation) unit, Indefinite use: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, TENS unit.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, TENS unit, indefinite is not medically necessary. TENS is not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use. The Official Disability Guidelines enumerate the criteria for the use of TENS. The criteria include, but are not limited to, a one month trial period of the TENS trial should be documented with documentation of how often the unit was used as well as outcomes in terms of pain relief and function; there is evidence that appropriate pain modalities have been tried and failed; other ongoing pain treatment should be documented during the trial including medication usage; specific short and long-term goals should be submitted; etc. See the guidelines for additional details. In this case, the injured worker's working diagnoses are cervical/trapezial musculoligamentous sprain/strain with mild to moderate degenerative disc disease; spondylosis C4 - C7; lumbar musculoligamentous sprain/strain and left sacroiliac sprain with left leg radiculitis; right knee patellofemoral arthralgia; psychiatric complaints, headaches and blurred vision. The treatment plan (April 27, 2015 progress note) states the injured worker lost the TENS while traveling in the [REDACTED]. There is no documentation of prior TENS use. There is no documentation of a TENS trial. There is no clinical indication or rationale for the TENS trial. Consequently, absent clinical documentation with a TENS trial in a clinical indication and rationale with the appropriate body part, TENS unit, indefinite is not medically necessary.